

State of California
Department of Personnel Administration
State-sponsored Dental Program
AFFIDAVIT OF ELIGIBILITY

For Dependent Children, As Defined Under California Code of Regulations Section 599.500 (o)

I, _____ understand that the Department of Personnel Administration (DPA) allows for the enrollment of a child(ren) other than a natural, adopted or step child(ren), who is considered a family member(s) and where the employee or annuitant has established a parent-child relationship, on or before the time of enrollment, through assumption of parental duties in the place of the child's(') biological parents. I also recognize this affidavit is a legally binding document and I accept full and unconditional responsibility for notifying my departmental Personnel Office in writing and immediately, if there are any changes in the child's status as my economic dependent. I further agree to provide supporting documentation, such as tax, court, or custody records when at any time requested by my employing department, CalPERS or DPA, as long as the child is enrolled on my State-sponsored dental coverage as my eligible dependent.

By signing this affidavit, I also attest to and certify under penalty of perjury that I am exercising parental authority, responsibility, and control which includes financial support as defined under California State law. I further certify that the child(ren) resides with me as part of my household, in the absence of the child's natural parents, **and** the child(ren) is/are dependent upon me as his/her primary source of financial support. If I have legal custody (sole or joint) of the child(ren), I agree to provide proof of legal custody of the child(ren) at the time of enrollment.

I acknowledge I have read and understand declarations on this page:

Employee/Retiree Signature _____

Date: _____

Child's Name						
Child's SSN						
Child's DOB						
Parent's Names (if available)						
Child's Relationship to Employee						
Is Child Your Tax Dependent?	Yes	No	Yes	No	Yes	No

For other dependent children, please attach list or use another affidavit. **Please note that this affidavit is subject to yearly renewal.**

By signing this affidavit I understand that making, or causing to be made, any knowingly false material statement or material representation; knowingly failing to disclose a material fact, or to otherwise provided false information with the intent to use it, or allow it to be used, to obtain, receive, continue, and/or increase, benefits administered by DPA, may constitute fraud and may result in financial liability to me, and possible employment action up to and including termination of employment.

By signing this document, I therefore swear (or affirm), under penalty of perjury, that I understand the eligibility requirements described in this document and that all information provided is true and correct. The child(ren) listed on this affidavit is/are my dependent(s); resides with me as a member of my household; and is in a parent-child relationship with me, and that I am the primary care parent and am in a parent child relationship in lieu of the child's adoptive, step or natural parent; spouses of your recognized natural, adopted, or step child are not eligible for enrollment; that I am the primary source of his/her/their financial support and maintenance as defined under California State law; that the dependent child(ren) is/are not a foster child; and, is/are not enrolled in dental benefit coverage from any other California State-sponsored civil service employment or California State University employment source.

Employee Signature: _____ Date Signed _____

Social Security Number: _____ - _____ - _____

Employing Agency: _____

City: _____ Daytime Phone Number: () _____

EMPLOYING DEPARTMENT USE ONLY

The Personnel Office must maintain this document in the employee's official personnel file, attached to the agency copy of the Dental Enrollment Authorization (STD. 692). Do not send a copy of affidavit to SCO or DPA.

Date Received in Authorized Departmental Personnel Office: _____,

I have verified that all portions of this affidavit are complete and any required documentation has been submitted to the human resources office at the time this document was submitted.

Employing Department Personnel - Authorized Signatory

PRIVACY NOTICE

The Information Practice Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

Information requested on this form is used by the Department of Personnel Administration and the dental insurance company for the purpose of identification and dental coverage processing.

It is **mandatory** to furnish all information requested on this form. Failure to provide the **mandatory** information may result in the dental enrollment action not being processed or being processed incorrectly.

The Department of Personnel Administration requires social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151, 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.

Information provided on the form will be forwarded to the dental company providing coverage. Copies of the Affidavit of Eligibility for Dependent Children are maintained in confidential files of your personnel office for five years. For retirees, these forms are maintained with the California Public Employees' Retirement System (CalPERS) for five years. Individuals have the right of access to copies of their Affidavit of Eligibility for Dependent Children upon request. For active employees, please send requests to your personnel office. For retirees, please send your request to the California Public Employees' Retirement System (CalPERS), 400 P. Street, Sacramento, CA. 95814, Attn: Health Benefit Services Division.